

FILED

NOV 12 2021

Clerk, U. S. District Court
Eastern District of Tennessee
At Chattanooga

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE
AT _____

Brandi Goodwin)

(Enter above the NAME of the
plaintiff in this action.))

v.)

Blue Cross Blue Shield)

of TN)

(Enter above the NAME of each
defendant in this action.))

1:21-cv-277
DCLC/CHS

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES () NO (X)
- B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. COURT: (If federal court, name the district; if state court, name the county):

3. DOCKET NUMBER: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____

A. Is there a prisoner grievance procedure in this institution? YES () NO (X)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?
YES () NO ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer to B is NO, explain why not. _____

E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES () NO ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. PARTIES

(In item A below, please place your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

A. Name of plaintiff: _____
Present address: _____
Permanent home address: _____
Address of nearest relative: _____

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

B. Defendant: _____
Official position: _____
Place of employment: _____
C. Additional defendants: _____

IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

My rights were violated
under the disability right act. I was able

and available to work from home, but was denied the right to do so. Even after the campus was shut down in March and everyone was sent home to work due to COVID, I was still denied the right to. I asked my manager, Kendra Donaldson and HR representative Jennifer Shields multiple times to be granted the right to work from home like everyone else, but still was denied. My primary care Dr. David Phillips filled out medical accommodation forms that was given to, Serge Castleberry whom is over medical accommodations at Blue Cross Blue Shield of TN, Chattanooga Campus. Even with the medical accommodation filled out by my doctor to work from home due to my autoimmune disorder and the highly-deadly risk of me contracting COVID, I was still denied the right to work from home, even though the entire campus was sent home to work.

V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.

Cite NO cases or statutes.)

I would like my position back
at BCBST and them to take responsibility
for my termination that violated my
rights under the federal disability act.
They should take financial and ethical
responsibility.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of
my (our) information, knowledge and belief.

Signed this 12th day of November, 2021.

Brandi Groenewald
Signature of plaintiff(s)